

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214538645		
1.) CORPORATION NAME: NATIONAL CENTER FOR VICTIMS OF CRIME, INC.				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JEFFREY R DION 11954 HOLLY VIEW DRIVE WOODBIDGE, VA		DUE DATE: 5/31/2014 SCC ID NO: 05035837 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY				
4.) STATE OR COUNTRY OF INCORPORATION: VA				
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 2000 M STREET NW SUITE 480 FINANCE CITY/ST/ZIP: WASHINGTON, DC 20036 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: MAI FERNANDEZ TITLE: PRESIDENT ADDRESS: 2000 M ST NW STE 480 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: G MORRIS GURLEY TITLE: VICE PRESIDENT ADDRESS: 263 WEST END AVE APT 20B CITY/ST/ZIP/CO: NEW YORK, NY 10023	<input checked="checked" type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		
NAME: STEPHEN RICKMAN TITLE: TREASURER ADDRESS: 4825 MARK CENTER DR CITY/ST/ZIP/CO: C/O CNA ALEXANDRIA, VA 22311	<input checked="checked" type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		
NAME: PHILIP GERSON TITLE: CHAIRMAN ADDRESS: 1980 CORAL WAY CITY/ST/ZIP/CO: MIAMI, FL 33145	<input checked="checked" type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		
NAME: LEONARD KLEVAN TITLE: SECRETARY ADDRESS: 67 BATES BLVD CITY/ST/ZIP/CO: ORINDA, CA 94563	<input checked="checked" type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		
NAME: JEFFREY R DION TITLE: DEPUTY EXEC DIR ADDRESS: 2000 M ST NW STE 480 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		

NAME:	IAN ROTHMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DIR FINANCE		
ADDRESS:	2000 M ST NW STE 480		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	ALEXANDER AUERSPERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	829 PARK AVE APT 10A		
CITY/ST/ZIP/CO:	NEW YORK, NY 10021		
NAME:	PATRICIA BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3307 M ST NW STE 301		
CITY/ST/ZIP/CO:	C/O BIZTECHREPORTS.COM WASHINGTON, DC 20007		
NAME:	DENISE FORTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1722 E ST SE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20003		
NAME:	MELVIN HEWITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7000 PEACHTREE DUNWOODY RD BLDG 15 STE 100		
CITY/ST/ZIP/CO:	C/O ISENBERG & HEWITT, P.C. ATLANTA, GA 30328		
NAME:	ALA ISHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1215 FIFTH AVE APT 12B		
CITY/ST/ZIP/CO:	NEW YORK, NY 10029		
NAME:	RALPH H ISHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	410 PARK AVE STE 1710		
CITY/ST/ZIP/CO:	C/O GH VENTURE PARTNERS, LLC NEW YORK, NY 10022		
NAME:	MARC LENAHA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2655 VILLA CREEK DR STE 204		
CITY/ST/ZIP/CO:	DALLAS, TX 75234		
NAME:	MARK MANDELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE PARK ROW		
CITY/ST/ZIP/CO:	C/O MANDELL, SCHWARTZ & BOISCLAIR PROVIDENCE, RI 02903		
NAME:	BRIAN MARTIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1540 BROADWAY STE 1630		
CITY/ST/ZIP/CO:	C/O BRAND COMMUNICATIONS NEW YORK, NY 10036		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK M OCHBERG DIRECTOR 4383 MAUMEE DR OKEMOS, MI 48864	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN FLYNN PETERSON DIRECTOR 800 LASALLE AVE, 2800 LASALLE PLAZA C/O ROBINS, KAPLAN, MILLER, & CIRESI LLP MINNEAPOLIS, MN 55402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES J SGRO DIRECTOR 16 DANIELS RD BOONTON TOWNSHIP, NJ 07005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC SMITH DIRECTOR 200 E FORSYTH ST C/O MADDOX HORNE LAW FIRM JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCISCO ACEVEDO VILLARRUEL DIRECTOR 1700 CRANSTON CT C/O MICHIGAN STATE UNIVERSITY EAST LANSING, MI 48823	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MAI FERNANDEZ	MAI FERNANDEZ, PRESIDENT	8/7/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			